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Bib Data Sheet

CONFIRMATION NO. 7870

<b>SERIAL NUMBER</b> 10/016,532	<b>FILING DATE</b> 12/10/2001 <b>RULE</b>	<b>CLASS</b> <del>608</del> 604	<b>GROUP ART UNIT</b> <del>3739</del> 3703	<b>ATTORNEY DOCKET NO.</b> 29462	
<b>APPLICANTS</b> George J. Picha, Independence, OH; Davor G. Mandic, Cleveland Heights, OH;					
<b>** CONTINUING DATA *****</b> none					
<b>** FOREIGN APPLICATIONS *****</b> none					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 01/23/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]					
<b>ADDRESS</b> 116					
<b>TITLE</b> Gastrostomy device package and method of assembly					
<b>FILING FEE RECEIVED</b> 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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